## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

|   |  | CLAIMS AS  | mn 2)         | SMALL ENTITY TYPE             |                      |                  | OTHER THAN<br>OR SMALL ENTITY |                        |       |                     |                        |
|---|--|--|---------------|-------------------------------|----------------------|------------------|-------------------------------|------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS  |  |  | (Column 1)    |                               |                      |                  | RATE                          | FEE                    | )<br> | RATE                | FEE                    |
| FOR   |  |  | NUMBER FILED  |                               | NUMB                 | ER EXTRA         | BASIC FEE                     | 375.00                 | OR    | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |  | ) IIIIIus 20= |                               | *                    |                  | X\$ 9=                        |                        | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |  | minus 3 =     |                               | *                    |                  | X42=                          |                        | OR    | X84=                | .,,                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |  |               |                               |                      |                  | +140=                         |                        | OR    | +280=               |                        |
| * If the difference in column 1 is less than zero, enter  |  |  |               |                               | "0" in c             | olumn 2          | TOTAL                         | ·                      | OR    | TOTAL               | 750                    |
| CLAIMS AS AMENDED - PART II   |  |  |               |                               |                      |                  |                               |                        |       | OTHER               |                        |
| _   |  | 1  | (Colur        |                               | (Column 3)           | SMALL            | ENTITY                        | OR                     | SMALL | ENTITY              |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA | RATE                          | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus         | **                            |                      | =                | X\$ 9=                        |                        | OR    | X\$18=              |                        |
|   | Independent  | ndependent   |               | CL AIM                        | = -                  | X42=             |                               | OR                     | X84=  |                     |                        |
| L   | THOTTRESE  | NATION OF IM   |               | LINDLIN                       | OLAIIVI              |                  | +140=                         |                        | OR    | +280=               |                        |
|   |  |  |               |                               |                      |                  | TOTAL                         |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)   |               | (Colur                        | mn 2\                | (Column 3)       | ADDIT. FEE                    |                        | ı     | AUDII. FEE          |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          |               | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA | RATE                          | ADDI-<br>TIONAL<br>FEE | :     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus         | **                            |                      | =                | X\$ 9=                        |                        | OR    | X\$18=              |                        |
|   | Independent  | *<br>NTATION OF MI   | Minus         | ***                           | F CL AINA            | =                | X42=                          |                        | OR    | X84=                |                        |
| L   | FINST PRESE  | NIATION OF MI  | JLIIPLE DEF   | PENDENI                       | CLAIM                |                  | +140=                         |                        | OR    | +280=               |                        |
|   |  |  |               |                               |                      |                  | TOTAL<br>ADDIT. FEE           |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
|   |  | ADDII. FEE   |               |                               | ADDII. I EL          |                  |                               |                        |       |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          | e             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | RATE                          | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus         | **                            |                      | =                | X\$ 9=                        |                        | OR    | X\$18=              |                        |
|   | Independent  | dependent   *   Minus   ***  RST PRESENTATION OF MULTIPLE DEPENDEN |               | T CL AIM                      | <u> </u>             | X42=             |                               | OR                     | X84=  |                     |                        |
| L   | The state of the s |  |               |                               | CLAIM                | <u>_</u>         | +140=                         |                        | OR    | +280=               |                        |
|   |  | mn 1 is less than the  |               |                               |                      |                  | TOTAL                         |                        | OR    | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |               |                               |                      |                  |                               |                        |       |                     |                        |